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SENIOR FITNESS, INC.

**A PROPOSAL  
TO RENOVATE A  
PHYSICAL FITNESS CENTER  
FOR NEWARK'S SENIOR CITIZENS**

**NOVEMBER 1976**



**NEWARK  
REDEVELOPMENT &  
HOUSING AUTHORITY**

**ROBERT NOTTE**  
Executive Director

## PREFACE

"If you take all the experience and judgment  
of men over fifty out of the world,  
there wouldn't be enough men left to run it."

---Henry Ford

The psychology of aging, due to a process of social conditioning that equates old age with the deterioration that eventually leads to death, is one of self-defeat. It need not be so.

Through the proper physical conditioning, an aged person's spirit and self-respect can undergo a metamorphosis that dissipates the pessimism stemming from fear of death. A badly-needed feeling of worth is awakened when the body feels as though it has come alive, has been, as it were, regenerated through a regular program of exercise, coupled with proper nutrition.

Today the United States has the richest economy and one of the highest standards of living in the world, but nevertheless ranks 19th among all the world's nations for average life expectancy, according to the 1974 United Nations Demographic Year Book. Citizens from countries as poor as Spain, Bulgaria, Greece, and Puerto Rico can all look forward to longer lives than will be lived by a citizen of the United States.

The Statistical Abstract of the United States, an official government publication, listed expenditures for medical care at \$79 billion in 1971 and \$89 billion in 1972. Since then, the cost of medical care has grown over 10% per cent annually. Some \$118.5 billion was reportedly spent last year. (The Body Forum, Volume III, May 1976).

It costs a great deal of money for society to care for the aged. If sick days and poor health could be partly prevented, great savings would be achieved. The money a community invests in active recreation and training may provide ten-fold dividends in money saved on medical service costs. The problem that must be faced is that the individual from puberty onward is lazy and the exercise table has to serve "goodies" which tempt the appetite for training and active recreation. Laying out the Swedish training track, preferably with changing rooms and steam baths (saunas), etc., costs relatively little compared to medical service costs.

As outlined in the formal program proposal, the program submitted for consideration, synthesizes the concept of a facility such as that of the European Health Spa, coupled with a program

of physical exercise, comprehensive medical supervision and orthomolecular nutritional care from a gerontological viewpoint. The overall project is geared toward helping senior citizens, aged 55 and over, who reside in the public housing projects operated by the Newark Redevelopment and Housing Authority. Participants would gain or regain greater physiological function, health, and vitality, as well as seeing a halt in the degeneration, debilitation, and deterioration of their physical, physiological, biochemical, nutritional, metabolic, emotional and spiritual processes. This downward slide, which can be prevented, is often concomitant with age.

The use of well-researched individualized programs in exercise and movement, psychological and emotional encouragement, orthomolecular nutrition, optimum diet, and appropriately comprehensive medical gerontology care, are the salient features of this challenging project.

It is hoped the proposed program will serve as a pilot study, a model that will be used by other groups on which to base similar programs in the future. We realize, of course, that this project is not a panacea for the problem of age, and we both welcome constructive suggestions and critical scrutiny, and leave ourselves open to suggestions for change, modification, expanded direction.

The program of exercise and nutrition outlined in this proposal will, however, allow a senior citizen to control the results of the aging process and challenge the stigma placed upon the senior citizen by a society that does not wish to be reminded of the detrimental workings of Father Time.

# TABLE OF CONTENTS

<u>ITEM</u>	<u>PAGE</u>
1.0 INTRODUCTION.....	1
1.1 Target Population.....	2
1.2 Geographic Service Area.....	2
1.3 Total Budget Figure.....	2
1.4 Site Location.....	2
2.0 SITE SELECTION.....	3
2.1 Cost Justification.....	3
2.2 Site Description.....	3a
3.0 GOALS .....	4
4.0 SUMMARY OF PROGRAM .....	4
4.1 Purpose .....	4
4.2 Statement of Need.....	5
4.3 Goals and Objectives.....	6
4.4 Program Description.....	7
4.4.1 Implementation.....	7
4.4.2 Intake & Pre-Orientation.....	7
4.4.3 Medical Evaluation.....	7
4.4.4 Program Orientation.....	8
4.4.5 Implementation of Physical Activities.....	9
4.5 Physical Activities.....	9
4.6 Nutrition and Health Maintenance.....	12
4.6.1 Nutrition & Health Maintenance Procedures.....	13
4.7 Feeding Program .....	14
4.8 Social Services.....	14
5.0 SUPPORT SERVICES.....	15
5.1 Transportation.....	15
5.2 Medical Evaluation.....	15
6.0 ORGANIZATION, MANPOWER, AND ADMINISTRATION.....	15

## TABLE OF CONTENTS

{CONT.}

<u>ITEM</u>	<u>PAGE</u>
6.1 Sponsoring Agencies.....	15
6.1.1 Newark Redevelopment and Housing Authority.....	15
6.1.2 Senior Fitness, Inc. ....	16
6.2 Staffing Pattern.....	16

BUDGET

PRELIMINARY DRAWINGS

MAP

## 1.0 INTRODUCTION

The purpose of this proposal is to request \$1,087,563 for capital expenditures in order to renovate and equip space for a health enrichment center for senior citizens in Newark. This center, to be located at 370 Orange Street, Newark, New Jersey will offer physical conditioning, medical examinations, nutrition and health counseling, social services and transportation. A brief description of these services can be found in section 4.0 of this document and for more detailed information please see the formal program proposal.

The objective of a health enrichment center is to reverse the premature mental and physical deterioration so commonly observed in the elderly poor. The implementation of a program to upgrade the health status of Senior Citizens is in itself an intrinsic good, however, the hedonistic benefits to society cannot be ignored.

Positive health status for the elderly would have an adverse effect on the rising Federal and State cost of medical care. Additionally, the cost of providing day care and nursing home facilities would be reduced due to the continued independence and self-sufficiency of the elderly. The money a community invests in preventive health care is returned ten-fold in reduced medical care costs, productivity beyond retirement and self-reliance in old age.

Studies conducted by geriatric specialists have shown that a properly designed and supervised exercise program combined with good nutrition can and should play a significant role in the efforts to upgrade health care and improve the quality of life among the aged. The individualized physical conditioning and orthomolecular nutritional care of the health enrichment center addresses this need.

### 1.1 Target Population and Characteristics

The target population for this program is the elderly age 55 and over, residing in Newark, N. J. preference will be given to those seniors living in public housing in Newark.

The City of Newark has the largest concentration of Senior Citizens in the State with a total of 30,469. Of this total more than 50% of 19,186 are Black and 18.8% of the elderly are below the poverty level. There are currently 30,753 residents of public housing in the City of Newark, of these 4,687 are elderly persons. Although Newark has the largest elderly population with more than 22% living in public housing, it has an uncommonly high death rate for Senior Citizens when compared to remaining New Jersey cities.

### 1.2 Geographic Service Area

City of Newark, State of New Jersey (see map-attachment)

### 1.3 Total Budget Figure

The total budget figure for this proposal is \$1,087,563

### 1.4 Site Location

This facility is to be located at 370 Orange Street, Newark, New Jersey.

## 2.0 SITE SELECTION

After an exhaustive study of available facilities in Newark, the structure at 370 Orange Street seemed the most feasible in terms of renovation costs, interior and exterior space, accessibility and security.

This structure, once the home of Wagner Electric, is a reinforced concrete building with reinforced concrete slab floors. This type of structural system is excellent for sustaining the weight of heavy exercise equipment water tonnage and the impact of large numbers of persons exercising. The large open structural bays allow for flexibility in design, organization of program functions and future expansion. Demolition, then, is kept to a minimum as it involves primarily the removal of pipes and ducts, preparation for pools and adjustments for windows. In fact, the exterior walls have enormous openings, and this facilitates bringing in large amounts of natural light to create a healthful atmosphere. Moreover, the availability of 20,000 square feet on the top floor for program activities allows for the placement of ventilation equipment in close proximity to where it is needed.

Both interior and exterior space is, one of the most attractive features of this site. Situated on 1.45 acres of land, this five story building has 100,000 square feet, of which 30,000 square feet will be used for program activities and offices. (See preliminary drawings) The grounds are enclosed by a nine foot fence and there is enough parking space to accommodate 300 cars.

It is located adjacent to the city subway and one block from intra-state highway #280 and in close proximity to major thoroughfares such as Central Avenue. Additionally, transportation will be provided for program participants.

### 2.1 Cost Justification

Total costs for renovation are in excess of \$1,000,000, a nominal amount in terms of expenditures. If we were to build such a facility, the complexity of the mechanical, plumbing and electrical systems; the amount of space required; and the acquisition of land would bring the cost to approximately \$75.00 per square ft. or \$2,250,000 as compared to renovation costs of \$36.25 per square foot.

Moreover, private real estate investment techniques which would allow amortization over a five year period reduces the costs per square foot to \$7.25.

## 2.2 Site Description

Three seventy Orange Street is a five story reinforced concrete building owned and operated by a private non-profit organization. It is ell shaped with four stairwells and two elevators for access and egress. There are 20,000 square feet on each floor. As indicated on the attached floor plans, the entire fifth floor is designated for program activities with approximately 10,000 square feet on the fourth floor planned for administrative and offices.

The first and second floors are presently under an 18 month lease to a construction training program; the third and fourth floors are vacant; and the fifth floor is occupied by Community Information and Referral Services, Inc.

The preliminary plan for this proposal includes a swimming pool, whirlpool, cold plunge, oil bath sauna and steam room in one area. This is separated from the exercise room by womens and mens locker showers and toilets. Additionally, a nap area is included and the nurses station and medical services unit is adjacent to the exercise room. The remaining area will be utilized for nutrition and feeding programs, passive activities, and reception area for greeting participants. There is ample storage and fire exits near each section.

### 3.0 GOALS

To renovate, reconstruct and equip two floors at 370 Orange Street in order to provide for a fully equipped health enrichment center for the elderly.

### 4.0 SUMMARY OF PROGRAM

(for details see formal program proposal)

#### 4.1 PURPOSE

The purpose of the program is to develop and operate a physical fitness and health enrichment program for senior citizens in Newark. This is to be accomplished through individualized physical conditioning routines, a comprehensive nutrition and health education program, medical examinations and social services.

#### 4.2 Statement of Need

The Foundation for Optimal Health and Longevity performed a five year study and research on exercise, diet and longevity to determine why some individuals and population groups are able to maintain vigor of mind and body with advancing age, while the majority follows the course of progressive deterioration. The population groups chosen for study were in Ecuador, Hunzaland, Caucasus, and California (U. S. A.).

While Ecuador, Hunzaland and Caucasus have totally different environments from urban centers such as Newark, studies and research at the Duke University Center for the study of aging revealed that if the aging person maintains a meaningful social role, it keeps him/her physically active and intellectually stimulated in addition to providing motivation to take care of him/herself. These studies indicate that physical activity was a predictive factor, and that fewer early deaths were noted among those who were on their own and moving about. The studies concluded that moderate disabilities can be controlled and reversed. They also emphasized that aging appeared to be more a product of sedentary lifestyle than it was of age.

Dr. Herbert A. DeVries, Director of the Exercise Physiology Laboratory at the University of Southern California, demonstrated that anxiety and tension strains can be reduced by 22-23% from as little as 15 minutes of brisk exercise which was more effective than the commonly prescribed tranquilizer pill.

The City of Newark through its various programs and centers for Senior Citizens has attempted to provide some of the needed services to the elderly. However, traditional centers offer passive activities such as arts and crafts, games, social gatherings etc., and restrict physical activities to field trips. Other programs solicit volunteer service from more mobile seniors; provide homemaker services for the infirmed; or provide one nutritious meal (usually lunch) five times per week. All of the above serve a vital and necessary role in enriching the lives of older Americans - and virtually all are sedentary.

Physical and mental activity promotes a healthy body and a longer life span and many of the health problems which afflict the elderly can be remedied or relieved to a great extent through prescribed physical activity coupled with the proper diet.

#### 4.3 Goals and Objectives

The primary goal of the Senior Citizens Fitness Center will be:

To prevent premature institutionalization and/or early death by improving the general well being of Senior Citizens through structured exercises and activity.

This will be accomplished through the following objectives:

1. by providing facilities conducive to a physical fitness program for Senior Citizens.
2. by providing a comprehensive physical fitness program.
3. by working in conjunction with health professionals in order to design individualized instruction for each participant.
4. by providing transportation to and from the facility.

The secondary goal of the Senior Citizens Fitness Center will be to educate the elderly as to the need for preventative measures and an awareness of health maintenance.

This will be accomplished through the following objectives:

1. by providing instruction and information about nutritional needs.
2. by providing a well balanced noon time meal.
3. by apprising participants of ways to cut food costs without sacrificing nutrition.
4. by providing thorough medical evaluations through local health facilities and/or a proposed clinic to be operated on site.

#### 4.4 Program Description and Implementation

The Senior Citizens Physical Fitness program consists of four components; 1) Physical activities 2) Health Maintenance through nutrition therapy 3) Feeding program 4) Social Services. In addition support services such as medical evaluations and transportation will be provided by proposed affiliated organizations.

##### 4.4.1 Implementation

The five phases of implementation consist of 1) recruitment and outreach, 2) intake and pre-orientation, 3) medical evaluation, 4) orientation, and 5) Scheduling of physical activities.

##### 4.4.1.1 Recruitment and Outreach

All aspects of the communications media will be utilized to notify the target population of the services available in the Center. Cooperative links will be established between the center and other pre-existing Senior Citizens' Centers, Health Centers, Clinics, and Hospitals. Furthermore, transportation will be provided where necessary.

The Housing Authority through its Family and Community Service Unit and in-house communication system will apprise elderly residents of the services available.

##### 4.4.2 Intake and Pre-Orientation

To insure that potential program participants understand the intent, activities, and potential benefits of the center, all will receive a guided tour of the facility and an information pamphlet.

##### 4.4.3 Medical Evaluation

The older individual may of course be completely healthy, active and physically fit requiring simply a directed recreational exercise outlet. Alternatively, many will be overweight, weak and physically disabled from disease or injury. The activity of such individuals will be limited. It is this limitation which is our concern as we are working to advance every participants physical and mental performance beyond their present state. These individuals will require conditioning and rehabilitation.

Upon registration each applicant will receive a General

Medical - Questionnaire. This questionnaire is designed to provide initial screening information required for the subsequent medical examination. The questionnaire will be completed individually or with appropriate staff assistance. Assisting electronic auditory or visual aides will also be designed for this purpose.

On completion of the form, the applicant will be seen by a nurse or Physicians Assistant who will briefly review the questionnaire and perform preliminary tests including vital signs (blood pressure, pulse, respiration, temperature,) electrocardiogram, Urinalysis and a brief visual exam.

After the above preliminary test the participants must undergo a medical examination by a physician. The Physicians history and physical will assess the applicants ability to;

- a) participate in physical activity without adverse effects;
- b) determine which medical problems require further evaluation and make appropriate referrals;
- c) determine medical limitations for exercise and,
- d) prescribe appropriate therapy.

Note that the physician on the premise is not providing on-going medical care but is merely screening patients, providing prescriptions for maintenance therapy program evaluation and, rendering emergency care. If further evaluation and treatment of other medical problems is indicated, all participants will be appropriately referred to our affiliated medical unit (a separate proposed program) or the participants family physician.

#### 4.4.4 Program Orientation

Following the medical examination the participant will receive a detailed orientation of program goals, staff roles and responsibilities, responsibilities of participants, introduction to equipment and its proper use, safety and emergency rules and regulations, and an introduction to their exercise counselor who will provide individual program explanation.

Each client after acceptance and completion of the education course will be required to sign a statement consisting of individual limitations, awareness of warning signs, agreement to comply with prescribed restriction and the realization that lack of compliance could result in further disability or death.

Another phase of the orientation will be conducted by health professionals who will teach participants how

to recognize signs that foretell possible negative reactions or over exertion. This is important in that it causes participants to be aware of their health and will help them to safeguard their health while active in the exercise programs.

#### 4.4.5 Implementation of Physical Activities

The next step will be for the participants to schedule their weekly appointments and begin their physical activity program. Each participant will be given an activity records sheet and will note the activity and length of time and date so that a record of activities is documented.

#### 4.5 Physical Activities

A trained staff of counselors will closely supervise the various activities being performed. They will know the limits of the participant's physical capabilities and physical limitations of participation. The establishment of a sound relationship among the participants and counselors will aid both to communicate confidently with each other, so as to be aware of any possible distresses that can occur, thus eliminating the unexpected to a minimum.

A weigh-in and weigh-out will be recorded each day of performing the prescribed activities. From this is obtained a record of the excess weight one may lose. Excess weight causes stress and strain on the heart as well as other parts of the body and is a prime contributor that shortens life.

Each participant's participation in a designated group will be constructed on the basis of the physical examination and medical history coordinated with the participants physical capabilities. The prescribed program will not be performed on a competitive basis. The objective is to increase the mobility of the body where needed, thereby also increasing the circulatory functions of the body; which over a period of time will aid to the use of those muscles and limbs which tend to be neglected and become a handicap to the body. The main objective stressed is movement, normal, unrestricted body movement.

A routine activity schedule may be organized as follows:

- a) Participant checks in with counselor for weigh-in
- b) Counselor at each activity groups checks activity schedule card, which also lists restrictions of participants, and proceeds to supervised prescribed activities.

- (i) Activity Group I -- This group of activities will be limbering and stretching exercises designed to stimulate circulation throughout the body and loosen the ligaments and tendons of the body.

EXERCISES: 1. Lateral and forward arm raises  
2. Circular arm motions  
3. Trunk bends and trunk twists  
4. Toe touches  
5. Knee bends  
6. Toe rises

- (ii) Activity Group II -- This group of activities will be body strengthening exercises designed to promote increased performance of the small internal muscles and organs outward to the larger surface muscles. This will tone and firm the muscular and skeletal structure.

EXERCISES: Activity Group II-A  
1. Lateral armlifts with dumb bells  
2. Side trunk bends with dumb bells  
3. Forward arm lifts with dumb bells  
4. Alternate forward arm lifts with dumb bells  
5. Over head dumbbell press  
6. Alternate dumbbell curls

Activity Group II-B -- This group will consist of more advanced exercises.

EXERCISES: 1. Bench press  
2. Military press  
3. Squats  
4. Toe rises  
5. Pull downs

Activity Group II-C -- This group will consist of exercises concentrating on slenderizing and stretching with resistance.

EXERCISES: 1. Walking on treadmill  
2. Jogging on treadmill  
3. Wall pulley exercises  
4. Rowing  
5. Bicycling  
6. Vibratory belt  
7. Floor roller massager  
8. Elevated roller massager

- (iii) Activity Group III -- This group of exercise will

utilize the use of hydrotherapy. Hydrotherapy is the external use of water to produce a desired result upon the body.

The use of the facilities shall be controlled by time periods prescribed by our medical affiliate.

**FACILITIES:**

1. Steam room
2. Sauna room
3. Inhalation room
4. Whirlpool
5. Oil bath
6. Cold dip
7. Swimming pool

At completion of activities the participant will report to a counselor for a weigh out and a discussion of his or her performances or aches and ills. The discussion with the counselor will aid in troubleshooting and building of the participants confidence.

1941

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#### 4.6 Nutrition and Health Maintenance

ORTHOMOLECULAR NUTRITION is a new branch of scientific health, diet and nutrition for human beings who wish to feel better, perform better, and function more optimally in daily living. It means providing the right or correct molecules or nutrients in appropriate dosage, the elimination of specific substances, i.e., chemicals, or overly refined foods and processed substances advertised and sold as food-stuffs, that may be harmful or trigger allergic reactions. Substances which increase and build up resistance and immunity to illness are also included in the ORTHOMOLECULAR NUTRITIONAL APPROACH.

ORTHOMOLECULAR NUTRIENTS would include those substances normally found present in the human being who is healthy. These would include optimal amounts of proteins, amino acids, natural complex carbohydrates, fats (polyunsaturated), vitamins, minerals, trace elements, micronutrients, hormones, electrolytes, water, oxygen, fiber, and other as of yet unidentified essential nutritivities.

In the specialty of ORTHOMOLECULAR NUTRITION, the view is taken that since each human being is a genetic and biochemical individual, a person may frequently require larger amounts of various nutrients than the FDA's "minimal daily requirements," or "recommended daily allowances." Often the daily dietary intake will not supply the individual's optimal nutritional needs. This then, becomes the rationale for what has been popularly called "MEGA-DOSES" of certain essential nutritivities. These doses are large in comparison to what the general public consumes.

In a molecular disease, there is a singular or multiple of various essential molecules or nutrients missing. These must be supplied or else the person will display a specific disease pattern. In some individuals, built into their genetic blueprint is a need for high amounts of certain nutrients. Many of these conditions are genetic vitamin dependency disease.

The Senior Citizens group is a unique and interesting group of human beings. They have longer, experienced more, and generally suffer more than the rest of the population.

As one ages, certain changes occur in the physiological, biochemical, neurological and nutritional-metabolic processes. Certain enzyme processes lose efficiency and deteriorate. Body cells breakdown, lose functional efficiency, and stress has a greater debilitating affect. Resistance lowers, defense mechanisms are impaired, and the healing process

There must be a way to combat or mitigate this serious toll in our national disease, not health, statistics. This may well come from the route of ORTHOMOLECULAR NUTRITION. By "providing the optimum amounts of the right nutrients, the brain and body can be restored to optimum health." (Linus C. Pauling, Ph.D., winner of 2 Nobel Prizes, in his article, "Orthomolecular Psychiatry," Science, 160, April 19, 1968, pp. 265-271).

As people get on in years, their nutritional needs change, as their bodily processes lose efficiency. Since our food supply is deficient in its nutritional quality, Senior Citizens thus will suffer relative malnutrition.

We must take an ORTHOMOLECULAR NUTRITIONAL APPROACH to helping halt this creeping menace and help restore the right nutrients in the right amounts to our Senior Citizens.

#### 4.6.1 Nutrition and Health Maintenance - Procedures

Part I of the Orthomolecular Nutritional Procedures involves an Orthomolecular Health Analysis. This includes taking height and weight measurements, blood pressure, and a cardiogram. Next, the following orthomolecular nutritional/biochemical tests will be done as indicated--urinalysis, complete blood chemical analysis, vitamin and mineral levels, hair for trace mineral excretion, fingernail test for nutritional deficiencies, and a six to eight hour Glucose Tolerance Test. A test battery for neuro, cerebral, and food allergies will also be available.

Part II of the Orthomolecular Health Analysis is a record of the Senior Citizen's weekly dietary intake for seven days noting any unusual reaction to any types of food. From this record, the Orthomolecular Nutritional Specialist can get an idea of how the Senior citizen's dietary intake stacks up against conventional nutritional intake of calories, proteins, fats, carbohydrates, vitamins and minerals. These figures will be measured against the U. S. Governmental standards suggested by the FDA, the "Minimal Daily Requirements" (MDR) and the "Recommended Daily Allowances" (RDA). Since Orthomolecular Nutrition and Health signify "OPTIMAL" rather than "MINIMAL" the orthomolecular nutritional health pathway requires an Optimal Diet with Optimal Intake and Availability of Optimal Nutrients.

Meals, purchased from health food stores, should be unprocessed, unsprayed, unchemicalized, unrefined in nature, and raised in a natural-organic manner

without artificial fertilizers, will be served daily to the participating SENIOR CITIZENS.

Weekly changes in various physiological functions, and in subjective and objective feelings of well-being and vitality shall be recorded so that as the SENIOR CITIZEN progresses health-wise and nutritionally speaking, he or she may also be able to progress into a high level or more advanced physical exercise class to promote total fitness.

#### 4.7 Feeding Program

Although the feeding program is stated as a separate component, it is an integral part of Health Maintenance and Nutrition. Seniors participating in the center will be provided with meals and snacks geared toward Orthomolecular Nutrition theory.

A cafeteria, cafe, dining, snack and juice bars and kitchen are located within the center. There is ample space for leisurely dining and conversation at cafe type tables.

#### 4.8 Social Services - Description

Poverty is no respecter of age. In fact, its effects are often felt most strongly in life's later years. Unable to work any longer, living on a limited fixed income from social security, disability or welfare, family grown and gone, cost of living rising daily, the older American suddenly finds himself in a position never expected, certainly never deserved, of having to ask for help to survive.

Being old and being poor means many things. Unable to meet medical and dental costs, it means deteriorating health. Unable to drive or to afford transportation, it means a lack of mobility, loneliness and isolation. With society's concentration on youth, money, and production, it means national, regional, local and individual priorities seldom directed at developing the resources of older Americans.

The NRHA and Senior Fitness, Inc. look at the requirements of these citizens seriously and undertakes the responsibility to provide not only maintenance care, but a complete facility to improve the lives of our senior citizens and the community at large.

Research and planning are two very basic components of the Social Service Department. Our purposes are to identify the needs of poor people and to determine new ways of

helping to meet those needs and to revise old ways when they become ineffective. The Senior Fitness Social Service Section remains in touch with other social service organizations in an attempt to prevent duplicity of services, while at the same time working to concentrate those services also helps to make the best use of limited dollars and staff. We also consider it a primary function to let the community know what services are available at the Senior Fitness center. A constant flow of information goes out to the target areas so that individuals and families are aware of how and where to get help. The information is relayed. Service also functions to advise the community concerning this program through inquiry responses.

## 5.0 SUPPORT SERVICES

### 5.1 Transportation

Transportation will be provided by an affiliated agency (Joint Connection), funds to be solicited through a separate proposal.

### 5.2 Medical Evaluation

A proposed health clinic will operate on the premises providing complete physical examinations and diagnosis.

## 6.0 ORGANIZATION, MANPOWER AND ADMINISTRATION

### 6.1 Sponsoring Agencies

This proposal is a joint effort between the Newark Redevelopment and Housing Authority and Senior Fitness, Incorporated.

#### 6.1.1 Newark Redevelopment and Housing Authority

The NRHA is a public non-profit agency. Its relationship to the City of Newark is one of semi-autonomy in that it is governed by a Board of Commissioners. This policy making body consist of seven persons five of which are appointed by the Mayor with City Council concurrence; one at the Mayor's discretion; and the other appointed by the Governor. The Division of Family and Community Services is the Social Service component of NRHA and is responsible for coordinating all social service efforts in public housing.

The Housing Authority of the City of Newark, as the responsible agency, will receive and subsequently disburse funds for this program. Upon implementation, the Authority will establish a special account for

the program and maintain all books and records. Additionally the Authority will monitor and evaluate program efforts.

The Authority maintains a construction crew under the supervision of the Director of Operations. This unit will be responsible for renovation of the site.

#### 6.1.2 Senior Fitness, Inc.

Senior Fitness, Inc. is a private non-profit agency which was organized for the purpose of developing innovative programs for Senior Citizens. (organization chart Appendix III). Senior Fitness, Inc. will implement and operate the program.

#### 6.2 Staffing Pattern

The staffing pattern for Senior Fitness, Inc. consists of six components:

1. Administrative
2. Physical Conditioning Unit
3. Medical Unit
4. Nutrition Unit
5. Transportation Unit
6. Social Services Unit

The Administrative component is responsible for overall administration program development and planning. Total staff includes an Executive Director, Administrative Assistant, Executive Secretary, Bookkeeper, Clerk Typist/ Receptionist and Switchboard Operator.

The Physical Conditioning unit is responsible for development and implementation of the physical fitness program. Total staff includes a Coordinator, Secretary, Senior Counselor five (5) Counselors, five (5) part-time Counselors a Receptionist/clerk typist part-time and an attendant.

The medical unit consists of one full-time Registered Nurse (R.N.) Supervisor one part-time R. N., a nursing assistant and a part-time nursing assistant.

The Nutrition component consist of one Nutritionist, and three Nutritionist Assistants. The unit is responsible for nutrition counselling and the preparation of diets and menus.

The transportation unit is responsible for safely transferring the elderly to and from the center and to other health facilities.

This unit consists of two full-time Drivers/Security Attendants and two part-time Driver/Security Attendants.

The function of Social Services is to coordinate existing services for the elderly and plan and develop new approaches. This unit consist of one Social Services Coordinator and a Clerk/typist.

Job Descriptions for all of the above positions can be found in the formal program proposal.



BUDGET SUMMARY

Demolition	\$	28,000
Concrete		33,000
Structural Steel		7,750
Thermal/Moisture Protection		44,000
Doors and Windows		75,212
Walls and Finishes		109,685
Specialties		37,450
Elevator		17,500
Equipment		77,546
Heating and Ventilating		181,671
Plumbing		60,600
Electrical		165,020
Mechanical		<u>22,300</u>
SUBTOTAL	\$	859,734
CONTINGENCIES (15%)		128,960
CONSULTANT FEES		<u>98,869</u>
TOTAL	\$	<u>1,087,563</u>

\*All figures are approximate based on preliminary drawings and material costs as of September, 1976.

20 August 1976

stephen w. schwartz, a/a.

Proposed Estimate  
Senior Fitness Inc.  
370 Orange St.  
Fourth and Fifth Floors  
Newark, New Jersey 07104

#### DEMOLITION

Remove existing pipes, ducts	5,000.	
Cuts in floor for pools	3,000.	
Remove existing windows 4th floor	7,500.	
Remove existing windows 5th floor	7,500.	
general work	5,000.	
		28,000.

#### CONCRETE

Swimming Pool	19,000.	
Whirlpool	8,000.	
Cold Plunge	3,000.	
Oil Bath	3,000.	
		33,000.

#### STRUCTURAL STEEL

Swimming Pool	3,500.	
Whirlpool	1,750.	
Cold Plunge	1,250.	
Oil Bath	1,250.	
		7,750.

#### THERMAL/MOISTURE PROTECTION

New roof with thermal insulation for energy efficiency	22,000 s.f. @ \$2./s.f.	44,000.
		44,000.

#### DOORS AND WINDOWS

Glass block and windows:		
4th floor 4158 s.f. @ \$7 per s.f.		29,106.
5th floor 4158 s.f. @ \$7 per s.f.		29,106.
Doors:		
Health Area; 34 doors @ \$250		8,500.
Nutrition Area 12 doors @ \$250		3,000.
fourth floor 22 doors @ \$250		5,500.
		75,212.

Proposed Estimate  
Senior Fitness Inc.

WALLS AND FINISHES

Metal studs w/ 5/8" Gyp. Bd. both sides;		
4th floor 857 lineal feet @ \$20 per l.f.	17,140.	
5th floor 956 lineal feet @ \$20 per l.f.	19,120.	
Other walls; furring strips with gyp. Bd.		
2500 s.f. @ \$2. per s.f.	5,000.	
Painting; 4th floor	8,000.	
5th floor	9,500.	
Ceramic Tile: Pool Area 2268 s.f. @ \$3. s.f.	6,804.	
Steam Room 568 s.f. @ \$3. s.f.	1,704.	
Inhalation Room 400 s.f. @ \$3. s.f.	1,200.	
Shower/Locker		
Men 2280 s.f. @ \$3 s.f.	6,840.	
Women 2280 s.f. @ \$3. s.f.	6,840.	
4th floor men and women 1500 s.f. @ \$3.s.f.	4,500.	
Nutrition kitchen area 768 s.f. @ \$3. s.f.	2,304.	
Vinyl tile: Massage, Nap, Office, Nurse, Attendant		
1500 s.f. @ \$ 1. s.f.	1,500.	
Nutrition area 4700 s.f. @ \$1. s.f.	4,700.	
Carpet: Excercise room 243 s.yds. @ \$17. s. yd.	4,131.	
reception area 317 s. yds. @ \$17. s. yd.	5,402.	
Acoustical treatment	5,000.	
		109,685.

SPECIALTIES

Sauna	4,600.	
Juice Bar 60 l.f. @ \$150 per L.f.	9,000.	
Cafeteria counters 84 l.f. @ \$150 per l.f.	12,600.	
Lockers; installation	1,500.	
seating installation	500.	
shower and toilet partitions 37 @ \$250	9,250.	
		37,450.

Elevator

Alteration to existing, cab and controls	17,500.	
Note: (consideration may be given to new elevator on exterior of building)		17,500.

Proposed Estimate  
Senior Fitness Inc.

## FURNITURE/MOVEABLE EQUIPMENT

Exercise Equipment		27,621.
Furniture:	Dining Area; Tables- 36 @ \$150.	5,400.
	Chairs-144 @ \$65.	9,360.
	Stools 32 @ \$55.	1,760.
	Lounge Area; 24 units @ \$300.	7,200.
	Pool table	1,600.
	Television/video system	3,200.
	Pool area furniture 25 units @ \$50.	1,250.
	Massage tables; 3 units @ \$250.	750.
	Nap area; 4 units @ \$150.	600.
	exam room ; 2 rooms @ 500.	1,000.
offices:	5th floor; 5 desks @450	2,250.
	5 desk chairs @ \$65.	325.
	10 misc. chairs @ \$65.	650.
	4th floor 22 desks @ \$450.	9,900.
	22 desk chairs @ \$65.	1,430.
	50 misc. chairs @ \$65.	3,250.

## HEATING, VENTILATING AND AIR CONDITIONING SYSTEMS

Air conditioning	94,354.
Heating and ventilating in Pool Area	60,000.
Future fourth floor area	27,317.
	181,671.

## PLUMBING

Locker, Shower, Toilet rooms	48,000.
kitchen	3,000.
4th floor area	9,600.
	60,600.

## ELECTRICAL

fourth and fifth floor	146,420.
new power and distribution	18,600.
	165,020.

20 August 1976

Stephen W. Schwartz, aia.

Page 4

Proposed Estimate  
Senior Fitness Inc.

MISCELLANEOUS MECHANICAL

Pool filtration and heating	11,000.	
Whirlpool	5,600.	
Cold Plunge	3,700.	
Oil Bath	2,000.	
		22,300.

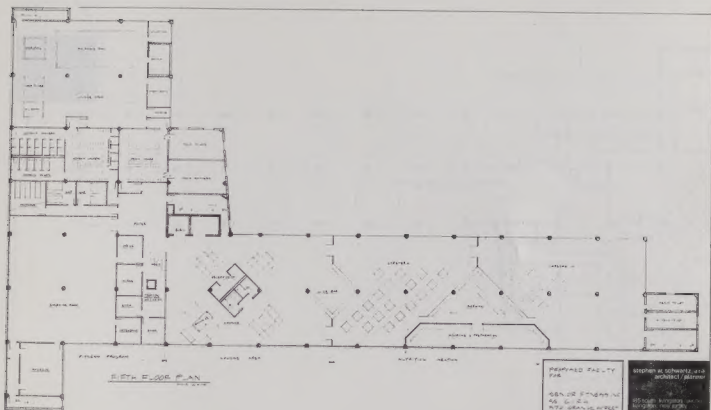
Total construction, mechanical, equipment/furnishing cost	859,734.
Contractors general conditions, overhead, profit (15% of above)	128,960.
Total of above	988,694.
Architectural, Engineering, and Consultants fees	<u>98,869.</u>

<u>Total projected Estimate</u>	<u>\$ 1,087,563.</u>
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20 August 1976

Excercise Room Equipment  
Senior Fitness Inc.

- 1 Torso gym
- 1 Duplex Side Bend Machine
- 1 leg Extension Table, Selectorized w/100lb. plates
- 1 Roman excercise bench
- 1 Vertical Knee Raise and Abdominal excerciser
- 1 Rotary excercise table
- 4 Flat excercise bench, upholstered
- 2 Incline excercise bench, upholstered
- 1 Dumbell set with rack
- 2 Abdominal board w/knee flex, upholstered
- 2 Abdominal rack, 4-Board, 4 height position model
- 6 Abdominal boards, upholstered
- 2 Delux treatment tables w/face opening, oil well, shelf
- 2 doctors scales with height rod
- 1 Hydraulic rowing machine, heavy duty
- 2 Jog-O-Matic Motorized treadmill, Deluxe
- 6 Tunturi Ergometer traing cycles
- 2 Nordic Solarium, 4+6 Solaria "Counter Balance Unit"



5TH FLOOR PLAN

PREPARED FOR  
FAC  
GENERAL CONTRACTOR  
AS B-24  
NEW BRANCH OFFICE  
5TH FLOOR  
NEWARK, NJ

STEPHEN A. SCHWARTZ, AIA  
ARCHITECT / PLANNER  
15 SOUTH KINGSLEY  
NEWARK, NEW JERSEY

FLOOR PLAN

DATE	TITLE	1 REVISED SHEET
DATE	DATE	
DATE	DATE	
DATE	DATE	



